Chapter 3 Revisions

Hardcopy Page Number	Change
8	First line under subheading of OCE Edits, changed to “There are now 41 different OCE edits.”
9	Deleted the last bullet, “Medicare secondary payer alert (4)”, and the paragraph under that bullet.
10	Under the third bullet, “Procedure and sex conflict (8)”, the second sentence was changed to, “An example of a sex conflict is a male patient reported to have had a dilation and curettage (D &C).”
10	Under the last bullet, “Questionable covered procedures (12)”, the example was changed to, “For example, HCPCS 11920, “Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less” is not covered when performed for cosmetic purposes. However if it were done subsequent to a burn, it might be covered.”
14	Under the second bullet, Terminated bilateral procedure or terminated procedure with unis greater than one (37), the first sentence was changed to, “The OCE identifies lines where a terminated procedure contains modifier 52…”
15	Under the first bullet, “Mutually exclusive procedure that would be allowed if appropriate modifier were present (39)”, the example was changed to, “For example, HCPCS 43760, “Change of gastrostomy tube’” would not be performed during the same operative session as HCPCS 43750, “Percutaneous placement of gastrostomy tube.” However, the patient may have developed complications later that day and so the patient was returned to the operating room in order that HCPCS 43760 be performed. Therefore, HCPCS 43760 should be billed with modifier 78 to indicate a return to the operating room for a related procedure during the postoperative period.”
15	The last paragraph was changed to, “HCPCS code 58120, “Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)” and 57800, “Dilation of uterine cervix, instrumental (separate procedure)” can never be billed together, because 57800 would be performed, if necessary, as part of 58120.”
16	The last paragraph under the second bullet, “Multiple bilateral procedures without modifier 50 (16)” was moved to the last paragraph under the next bullet, “Inappropriate specification of bilateral procedure (17).” This paragraph is the one that reads, “This edit will also identify when a procedure with “bilateral” in its HCPCS definition is billed on more than one line.”
18	Under the subheading, “Partial Hospitalization Edits,” this additional paragraph was added, “This information, as well as guidance provided in the OPPS Final Rule and OCE PM A-00-21, was

	intended to help providers understand when claims will be identified for medical review. This information was not intended to describe how a day of partial hospitalization should look. The PHP APC per diem payment reflects an average day of PHP. It is expected that most patients on many days will receive more intensive services than reflected in the OCE PHP edits."
20	Under the first bullet, this additional paragraph was inserted, "The PHP HCPCS codes for AT and OT should not be used for outpatient psychiatric services. These codes are only for use in PHP. AT is billed with revenue code 904 and no HCPCS code, and OT is billed with codes in the CPT Physical Medicine and Rehabilitation range."
21	Edit #4 and related information was deleted from the table.
22	The Provider Action for edit #9 was changed to, "May appeal the line denial."
23	The disposition for edit #17 was changed to, "Line item rejection."
27	In the first sentence, "laboratory and" was deleted. The sentence was changed to, "All current CCI edits will be incorporated in the OCE with the exception of anesthesiology edits.